

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **70/647630**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	4		3			
TOTAL DEP.	1		7			
TOTAL CLAIMS	6		10			

	IND	DEP	IND	DEP	IND
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TOTAL DEP.					
TOTAL CLAIMS					